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APPLICANTS

George Gonzalez, Los Angeles, CA;

** CONTINUING DATA *****

This application is a CIP of 09/912,197 07/24/2001 PAT 6,685,729
 which claims benefit of 60/302,254 06/29/2001

EDB

** FOREIGN APPLICATIONS *****

EDB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 05/03/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 10	TOTAL CLAIMS 54	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials <u>EDB</u>				

ADDRESS

26252
 KELLY LOWRY & KELLEY, LLP
 6320 CANOGA AVENUE
 SUITE 1650
 WOODLAND HILLS, CA
 91367

TITLE

Process for testing and treating motor and muscle function, sensory, autonomic, cognitive and neurologic disorders

FILING FEE RECEIVED 906	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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